

	Montana Mental Health Nursing Care Center Policy Manual	Policy Number	1403
		Original Date	02/15/1984
		Revised Date	10/08/2015
	Department: Medical Records Arrangement of the Medical Record Chart at the Nursing Station		

POLICY:

The Medical Record Chart will be organized in the following format at the nursing station.

PROCEDURE: ORDER OF MEDICAL CHART ON THE FLOOR

Face Sheet/POLST

Off-Campus Release Agreement

Advance Directives

Directives
Guardianship/DPOA/POA
Authorization to Share PHI
HIPAA/PHI

Physician Orders

Physician Order Sheet
Telephone Order Sheet
Standing Orders

Medication/Treatment

Monthly Medication Regimen Review
Medication Administration Record
Treatment Record
Involuntary Medication Review
Drug Profile

Nurses' Notes

Interdisciplinary Progress Notes
Effects of Med Change
Seizure Record
Abnormal Involuntary Movement Scale
Braden Scale Assessment
Fall Risk Assessment
Pain Assessment/Pain Flow Sheets
Nurses Admit Assessment
Restraint Forms
Selection Criteria for Protective Wing

Monthly & ADL's

ADLs
Inventory Personal Effects Sheet

Graphic Chart

Vital Statistics
Vital Signs Charting
Weight Record
BM Record
Vaccination Record

Progress Notes

Physician Progress Notes

History and Physical

History & Physical

Report of Operation

Operation Reports

Consultations

ER Report
Physician Consultations
Optometry Consultations
Vision/Dental Form

Psychiatric

Psychiatrist Notes
Mental Health Assessment
Behavior Plans /Charting
Observation Forms

Discharge Summary

Discharge Summaries

Laboratory Reports

Monitoring Flow Sheets

Diabetic
FBS

Lithium
O2 Saturation
Laboratory Reporting (including Pathology)

X-Rays

X-Rays
Ultra Sonograms
CT Scans
Nuclear Medicine
Holtor Monitors
Pulmonary Function Tests
Electroencephalograms (EEG)
Electrocardiograms (ECG)

ROM/Ambulation

ROM Forms
Ambulation Forms

Rehab and Therapy

Physical Therapy Forms
Occupational Therapy Forms
Speech Therapy Forms
Audiological Forms

Social Services

Social History Assessment
Resident Rights

Dietary

Dietary Forms

Activities

Monthly Participation Record
Leisure History and Assessment

Miscellaneous

Funeral Plan Questionnaire
Level I Level of Care Screening, Level II if applicable
Commitment

Care Plan

MDS Version 3.0
Care Area Assessment (CAA)